



Request for Free Prenatal Lead Hazard Risk Assessment from City of St. Louis

"Lead Hazard Risk Assessment" means that a professional comes to your house to see if there is lead paint and if it could be dangerous to your child.

Date this form is filled out: _____

Pregnant woman's name: _____

Address where you live: _____ Zip Code: _____

Do you live in the City or the County? _____

Date baby is due: _____

E-Mail address (please print clearly) : _____

Home phone number: _____ Cell phone number: _____

Phone # and name of mother of pregnant woman: _____

Names and birthdays of children under age 6 in the house:

When you sign this form you are telling us that you would like to have a free home lead inspection from the City of St. Louis Building Division. You will receive a phone call from the Health Department to explain more about the program and arrange for the inspection. You are also giving the Health Department permission to find out the name and birthday of your child and contact you in the future to recommend that your child receive a blood lead test.

Pregnant woman's signature: _____

Recruiter name: _____

Recruiter location: _____

REFERRED TO:

City of St. Louis Health Department
Please fax to Meredith Nalick, RN at 314-612-5354
You may also mail referrals to: to Meredith Nalick, RN
Children's Environmental Health
1520 Market Street Suite 4038, St. Louis, MO 63103
For questions call 314-657-1583

Bonafides – to be filled out at Health Department

Date of request confirmation:

Best time and phone to contact:

Best ½ day to schedule inspection:

Building Division use only

Date entered _____

Inspector's Name _____

Initial Call _____

Primary Source _____ Secondary Source _____

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